SUB-DIVISION PRE-APPLICATION REPORT

(Submit Application, Plot Plan and Other Required Documents in Quadruplicate)
ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

RECORD I.D. NUMBER

S U

HEALTH DEPT. USE ONLY

PUBLIC HEALTH – SEATTLE & KING COUNTY ENVIRONMENTAL HEALTH DIVISION REQUEST FOR SUBDIVISION PRE-APPLICATION REVIEW APPLICATION MUST BE SUBMITTEDBY A LICENSED SEPTIC SYSTEM DESIGNER OR PROFESSIONAL ENGINEER

Complete the following and submit with the appropriate fee. (http://www.kingcounty.gov/healthservices/health/ehs/fees.aspx

SUBMIT APPLIC	EATIONS TO: Eastgate Environmental Health 14350 Eastga	nte Way, Bellevue, WA 98007-6458 Phone: (206) 296-4932
APPROXIMAT	TE STREET ADDRESS	
NAME AND/O	R NUMBER OF D.P.E.R. APPLICATION	
LEGAL DESC	RIPTION	
PARCEL#		
NUMBER OF A	CRES NUMBER OF LOTS TO BE REVIEW	VED SMALLEST LOT SIZE SQ. FT.
OWNER	ADDRESS	PHONE#
AGENT	ADDRESS	PHONE#
THE FOLLOW	VING INFORMATION MUST BE PROVIDED:	
WATER SUPP	PLY (Complete Section 1or 2 below):	
Section 1. \Box	Existing Public Water SupplyAttach Certificate of Water Availability	(Name)
Section 2.	Proposed Public Water Supply	
		(Name)
	☐ Copy of Well Source Site Review Letter	
	☐ Copy of Declaration of Covenant(s)	□ Recording #, or□ To be recorded with final approval
	□ Copy of Restrictive Covenant(s) (if applicable)	□ Recording #, or□ To be recorded with final approval
SEWAGE DIS	SPOSAL (Complete Section 1, 2 or 3 below):	
Section 1.	Existing Sewer System Attach Certificate of Sewer Availability	(Name)
Section 2. □	 Individual On-Site Sewage Systems (OSS) Critical Area Review from the Building Official Attach Soil Log Descriptions including soil type designation; (Minimum 2 per lot) and Plot Plan (to include lot lines, lot sizes, location of existing sewage system(s) and soil log holes) 	
Section 3.	Community/Larger On-Site Sewage System (Attach Preliminary Report)	
I, hereby, certify	that the information given in this application is a true	and accurate representation of the existing conditions on this plat.
Signature of C	Owner/Agent	Date
Name of Licensed OSS Designer/P.E. (please print)		License #
Signature of Licensed OSS Designer/P.E		Date
□ APPROVE	D.	
□ DISAPPRO	OVED (Date) (Health &Envir	
	(Date) (Health &Envi	ronmental Investigator) (District Supervisor)
COMMENTS/0	CONDITIONS	
days of the date	of the above decision. (Title 13, K.C.B.O.H. Chapter 13.1)	may file a written application to health officer within 60 calendar 2 – Sewage Review Committee.
FORM 1_A_Rev 3.	.13.13 - Previous Versions are Obsolete	DATE RECEIVED